



CERTIFICATE OF INSURANCE FOR SERVICES

This certificate of insurance is provided for informational purposes only. This certificate does not confer any rights or obligations other than the rights and obligations conveyed by the policies referenced on this certificate. The terms of the referenced policies control over the terms of this certificate.

Prior to the beginning of work, the vendor shall obtain the minimum insurance and endorsements specified. Agents must complete the form providing all requested information and submit by fax, U.S. mail, or e-mail as requested by The City of Houston. The endorsements listed below are required as attachments to this certificate; copies of the endorsements are also acceptable. PLEASE ATTACH ALL ENDORSEMENTS TO THIS FORM, AND INCLUDE THE MATCHING POLICY NUMBER ON THE ENDORSEMENT. **Only City of Houston certificates of insurance are acceptable; commercial carriers' certificates are not.**

Producer: [Insert name of Insurance Company]

A

Street/Mailing Address: [Insert address of insurance company]

City: [Insert city] State: [Insert State] Zip Code: [Zip Code] Phone#: [Office Phone Number]

Insured: [Insert name of the Contractor]

B

Street/Mailing Address: [Insert mailing address of Contractor]

City: [Insert city] State: [Insert State] Zip Code: [Zip Code] Phone#: [Office Phone Number]

WORKERS COMPENSATION INSURANCE COVERAGE:

Endorsed with a Waiver of Subrogation in favor of *The City of Houston*

Waiver of Subrogation Endorsement Number: [Enter Endorsement Number]

C

Carrier Name: [Insert insurance company name]		Carrier Phone Number: [Office Phone Number]		
NAIC#: [Insert NAICS code]				
Address: [Insert address of insurance company]		City: [Insert city]	State: [Insert State] Zip: [Zip Code]	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Workers Compensation Insurance	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	<input type="checkbox"/> W.C. Statutory Limits E.L. Each Accident \$[Enter policy amount]
	F	G	G	H
Employers' Liability	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	E.L. Disease – Each Employee \$[Enter policy amount] E.L. Disease – Policy Limit \$[Enter policy amount]

COMMERCIAL GENERAL LIABILITY INSURANCE:

Endorsed with *The City of Houston* as Additional Insured with a Waiver of Subrogation in favor of *The City of Houston*.

Additional Insured Endorsement #: [Enter Endorsement Number] **Waiver of Subrogation Endorsement #:** [Enter Endorsement Number]

C

Carrier Name: [Insert insurance company name]		Carrier Phone Number: [Office Phone Number]		
NAIC#: [Insert NAICS code]				
Address: [Insert address of insurance company]		City: [Insert city]	State: [Insert State] Zip: [Zip Code]	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Commercial General Liability Insurance (choose one)	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	Each Occurrence: \$[Enter policy amount]
___ Claims Made	F	G	G	H
___ Occurrence	J			Products/Completed Operations Aggregate \$[Enter policy amount] General Aggregate \$[Enter policy amount]

AUTOMOBILE LIABILITY INSURANCE:

Endorsed with *The City of Houston* as Additional Insured and a Waiver of Subrogation in favor of *The City of Houston*.

Additional Insured Endorsement Number: [Enter Endorsement Number] **Waiver of Subrogation Endorsement Number:** [Enter Endorsement Number]

Waiver of Subrogation Endorsement Number: [Enter Endorsement Number]

Carrier Name: [Insert insurance company name]		Carrier Phone Number: [Office Phone Number]	
NAIC#: [Insert NAICS code]			
Address: [Insert address of insurance company]		City: [Insert city]	State: [Insert State] Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date
<input type="checkbox"/> Any auto	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]
<input type="checkbox"/> All Owned autos			
<input type="checkbox"/> Hired Autos			
<input type="checkbox"/> Scheduled Autos			
<input type="checkbox"/> Non-owned Autos			
		Limits of Liability	
		Combined Single Limit \$[Enter policy amount]	
		Bodily Injury (per person) \$[Enter policy amount]	
		Bodily Injury (per accident) \$[Enter policy amount]	
		Property Damage (per accident) \$[Enter policy amount]	

OTHER INSURANCE COVERAGE: (i.e. Excess Liability, MCS-90, etc.) (other needed insurance; use 3d page for needed information)

Carrier Name: [Insert insurance company name]		Carrier Phone Number: [Office Phone Number]	
NAIC#: [Insert NAICS code]			
Address: [Insert address of insurance company]		City: [Insert city]	State: [Insert State] Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date
Excess Liability	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]
Pollution	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]
Builder's Risk	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]
Other [Enter Other Insurance]	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]
Other [Enter Other Insurance]	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]
		Limits of Liability	
		\$[Enter policy amount]	
		\$[Enter policy amount]	
		\$[Enter policy amount]	
		\$[Enter policy amount]	

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE CONTRACT PROVISIONS.

PROJECT DESCRIPTION (Insert Project Manager Name, City Department and Mailing Address, and WBS Number)

[Insert Project Manager Name, City Department and Mailing Address, WBS Number, and Project Description]

AGENT CERTIFICATION

THIS IS TO CERTIFY TO THE CITY OF HOUSTON that the insurance policies above are in full force and effect.

Name of Insurance Company: [Insert name of Insurance Company]	Name of Authorized Agent: [Insert name of Insurance Agent]
Company Address: [Insert address of insurance company]	Agent's Address: [Insert address of insurance agent]
City: [Insert city] State: [Insert State] Zip: [Zip Code]	City: [Insert city] State: [Insert State] Zip: [Zip Code]
Authorized Agent's Phone Number (including Area Code) [Office Phone Number]	Original Signature of Authorized Agent X
	Date [Date of Signature]

Additional Notes:

WORKERS COMPENSATION INSURANCE COVERAGE

	Q	

COMMERCIAL GENERAL LIABILITY INSURANCE

	Q	

AUTOMOBILE LIABILITY INSURANCE

	Q	

OTHER INSURANCE COVERAGE

	Q	

Additional Carrier Information (if multiple carriers providing insurance)

Carrier Name:	[Insert insurance company name]	D	E
NAIC#:	[Insert NAICS code]		
Carrier Phone Number:	[Insert Office Phone Number]		
Type of Insurance:	[Insert specific type of insurance]		
Carrier Name:	[Insert insurance company name]	D	E
NAIC#:	[Insert NAICS code]		
Carrier Phone Number:	[Insert Office Phone Number]		
Type of Insurance:	[Insert specific type of insurance]		
Carrier Name:	[Insert insurance company name]	D	E
NAIC#:	[Insert NAICS code]		
Carrier Phone Number:	[Insert Office Phone Number]		
Type of Insurance:	[Insert specific type of insurance]		

Complete the certificate of insurance with the information listed below:
(Instructions for completing and submitting a certificate to the City of Houston)

- A) The Producer is the Insurance Agency. Fill in the complete name, address, and telephone number for the insurance agency.
1) The City requires all insurance companies to be authorized to do business in the State of Texas and be rated by A.M. Best with a rating of B+ (or better) Class VI (or higher) or otherwise be acceptable to the City if not rated by A. M. Best.
- B) The Insured is the entity vendor entering into a contract with the City of Houston. Fill in the complete name, address, and telephone number.
- C) Please provide the form number for the Waiver of Subrogation Endorsement. The City of Houston's preferred endorsement form is Waiver of Transfer of Rights of Recovery against Others – CG2404. Use of the preferred endorsement will expedite execution of the agreement.
- D) The Carrier is the insurance company providing the specific coverage. Fill in the complete name and address for the insurance company providing coverage.
- E) NAIC # means a number assigned by the National Association of Insurance Commissioners to all insurance companies.
- F) Fill in the Insurance Policy number.
- G) Insurance policies must be in effect at the time of contract. If any policy has expired, a new Certificate of Insurance must be submitted with the new policy information.
- H) Fill in the limit for the Insurance Policy.
- I) Additional Insured Endorsement Number. The City of Houston's preferred endorsement form is Additional Insured Endorsement – CA0403. Use of the preferred endorsement will expedite execution of the agreement.
- J) General Liability Insurance Policy. The specific coverage must be specified: Claims Made or Occurrence. Occurrence coverage is preferred, but Claims Made coverage may be accepted subject to approval by the City of Houston.
- K) Automobile Liability Insurance. Any Auto **OR** All Owned Autos, Hired Autos and Non-Owned Autos must be checked. The City of Houston's preferred endorsement form is Business Auto Extension Endorsement – CAT353. Use of the preferred endorsement will expedite execution of the agreement.
- L) Choose the necessary insurance by **underlining** it. Builder's Risk Policy is for construction projects, as designated by the City. Professional Liability Coverage is for professional services, if required by the City. Umbrella Coverage must be checked in this section and by occurrence when it is required by contract and in accordance with the contract value.
- M) The name and contact information of the Producer providing the insurance.
- N) The name and contact information for the Authorized Agent of the Producer, including the area code and phone number.
- O) The **original** signature of the Authorized Agent.
- P) The vendor should place the required Project Description information (Project Manager Name, City Department and Mailing Address, and WBS Number) here. This information was previously placed in the

“Description of Operations” box on the ACORD form.

- Q) For any notes about the required insurance coverage that do not fit into the designated boxes, please place them here.

[End of Document]

SAMPLE